**NATIONAL CHAMPIONSHIP TRAVEL INFORMATION AND REIMBURSEMENT CLAIM FORM**

**TO BE COMPLETED BY ALL PARTICIPANTS AT ALL NATIONAL CHAMPIONSHIPS**

and returned to: Tony Martire

**U Sports**

45 Vogell Road – Suite 701, Richmond Hill, ON L4B 3P6

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| National Championship: |   |   |   |   |   |   |   |   |
| Location: |   |   |   | Date: |   |   |   |   |
| Competing Institution: |   |   |   |   |   |   |   |   |
| Director of Athletics: |   |   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |  |
| **A. TRANSPORTATION COSTS:** |
|  |  |  |  |  |  |  |  |  |
| **1. AIR TRAVEL** |  |  |  |  | TOTAL COSTS: |  | ELIGIBLE COSTS: |
| (Please attach original travel agency invoice or airline ticket stub) |   |  |  |
| a) Airfare per individual |  |  |  | $ |   |  |  |
| (If there are 2 or more levels of airfare, please list them) |  |  |   |  |  |
| b) Airfare cost for the total group |  |  |  | $ |   |  |  |
| c) Eligible Airfare - Number of **eligible participants** (see 20.50.4) x (a) |   |  | $ |
| **2) GROUND TRANSPORTATION: (Please attach original receipts)** |  |   |  |  |
| a) Ground to Airport (Eligible only if no airport in hometown) | $ |   |  | $ |
| b) Ground on-site (Not eligible for reimbursement) |  | $ |   |  |  |
| c) Ground to Championships (Eligible only if **not** travelling by  | $ |   |  | $ |
|  air, or if there is no airport in the city of the Championship) |  |   |  |  |
|  |  |  |  |  |  |   |  |  |
| **3. TOTAL TRANSPORTATION COST:** |  |  |  | $ |   |  |  |
|  |  |  |  |  |  |   |  |  |
| **4. ELIGIBLE TRANSPORTATION COST:** |  |  |  |   |  | $ |
|  |  |  |  |  |  |  |  |  |
| **B. MEALS, ACCOMMODATION AND OTHER COSTS (FOR INFORMATION ONLY):** |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **1. ACCOMMODATIONS (Receipts not required)** |  |  |  |   |  |  |
| a. Room Rate: | $ |  |  |  |  |   |  |  |
| b. TOTAL ACCOMMODATION EXPENSE |  |  | $  |   |  |  |
|  |  |  |  |  |  |   |  |  |
| **2. MEALS (Receipts not required)** |  |  |  |  |   |  |  |
| a. TOTAL MEAL EXPENSE |  |  |  | $ |   |  |  |
|  |  |  |  |  |  |   |  |  |
| **3. OTHER (Receipts not required)** |  |  |  |  |   |  |  |
| Please Indicate: |  |  |  |  | $ |   |  |  |
|   |   |   |  |  |  |   |  |  |
|   |   |   |  |  |  |   |  |  |
|   |   |   |  |  |  |   |  |  |
|  |  |  |  |  |  |  |  |  |
| **4. TOTAL ACCOMMODATION, MEALS, AND OTHER COSTS** |  | $ |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **C. GRAND TOTAL OF CHAMPIONSHIP TRAVEL:** |   |   |   |   |   |
|  **(A.3 + B.4)** |   |   |   |   | $ |   |   |   |
|  |  |  |  |  |  |  |  |  |
| Travel reimbursement cheques should be payable to: |   |   |   |   |   |   |
|  |  | and mailed to: |   |   |   |   |   |   |
|  |  |  |   |   |   |   |   |   |
|  |  |  |   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  | Signature: |   |   |   |   |   |   |
|  |  | Date: |   |   |   |   |   |   |

Please provide a list of participants on the form below. Completed forms with receipts must be received at the U Sports Office within 15 business days after the final day of the Championship.

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| **NATIONAL CHAMPIONSHIP TRAVEL INFORMATION AND REIMBUREMENT CLAIM FORM** |
|  |  |  |  |  |  |  |
|  |  | LIST OF PARTICIPANTS |  |  |
|  |  |  |  |  |  |  |
| Name of National Championship:  |   |   |   |   |
| Location:  |   |   |   |   |   |   |
|  |  |  |  |  |  |  |
| Competing Institution:  |   |   |   |   |   |   |
| Date Team Arrived: |   |   |   |   |   |   |
| Date Team Departed:  |   |   |   |   |   |   |
|  |  |  |  |  |  |  |
| CATEGORY ABBREVIATIONS: | **A** - ATHLETE | **C** - COACH | **D** - DELEGATE | **T** - TEAM OFFICIAL | **O** - OTHER |
| **CATEGORY** | **NAME** | **SEX (M/F)** |
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|   |   |   |
| Total Athletes \_\_\_\_ + Total Coaches: \_\_\_\_ + Total Delegates \_\_\_\_ + Total Team Officials \_\_\_\_ + Total Other \_\_\_\_ = Total Participants \_\_\_\_\_ |
|